STATE OF ALABAMA DEPARTMENT OF INSURANCE 201 MONROE STREET, SUITE 1700 MONTGOMERY, AL 36104

PREMIUM FINANCE COMPANY APPLICATION FOR LICENSE

1.	NAME OF COMPANY					
	FEIN No.					
	ADDRESS					
	Number & Street					
	MAIL ADDRESS					
	(If different from above)					
2.	How is company organized? Sole Proprietorship Partnership Corporation					
3.	Names, addresses of residence, and t	itles of all office	ers:			
	Name	Title				
	No. & Street	City	State	Zip		
	No. & Beleec	CICY	bcace	ZIP		
	Name	Title				
	No. & Street	City	State	Zip		
		-		•		
	Name	Title				
	No. & Street	City	State	Zip		
		_		_		
	Have any of the officers named in No.			_		
	any crime involving moral turpitude? _	If so, expla	in on a separa	te sheet		
•	of paper.					
5. :	Do you understand that all record	ds of the compar	nv's premium	finance		
	transactions must remain available for	-				
	entry for the inspection of the Commiss	_	_			
	Do you understand the cancellation pro		ts in default	and the		
	procedure for refunding unearned premit	ıms?				
7.	SERVICE CHARGES: It is the responsibi	lity of the lender	to know the a	llowable		
	charges and to keep these charges with	_				
1	Title 27-40-9, Code of Alabama, 1975	.) Do your charg	ges comply wit	th these		
1	provisions?					
0	Attack to this sumlisation a sound of th	o December Finance	7	h		
	Attach to this application a copy of the Premium Finance Agreement used by your irm unless agreement is presently on file and there has been no change. The					
	law requires the following:	Tite and there has	been no chan	ge. Inc		
	A. Form must be in at least eight-point	type.				
	B. Dated and signed by insured or on hi					
	C. Name and business address of agent n	_	t.			
	D. Name, residence, and place of busine E. Name and place of business of premiu					
	e. Hame and prace or business or premit	un rinance company.				

- G. Total amount of premium.
- H. Amount of down payment.
- I. Principal balance.

premium.

- J. Amount of service charge.
- K. Balance payable by insured.

F. Full description of insurance contract and amount of

- L. Number of installments.
- M. Due date and period.

The annual license for \$35,000 surety bond.	ee is \$200.00.	All premium finan	ce companies must po	ost a			
I, the undersigned, above answers are trapremium finance compositions has been with as set forth in this a	ue and correct co any and that no hheld that would	oncerning the oper information on m	ration of the above- yself, the firm, or	named : its			
The Commissioner of Insurance, State of Alabama, is hereby appointed to receive service of legal process issued in connection with the applicant's premium financing business in the State of Alabama.							
Sworn to and subscribe Me this day of 20 .		SIGNATURES OF APPLICANTS					
	-	Name	Title				
NOTARY PUBLIC							
	- -	Name	Title				
SEAL -							
		Name	Title				
		Name	Title				
LICENSE EXPIRES SEPTEMBER 30 FOLLOWING DATE OF ISSUE. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION UNLESS MATERIAL IS ON FILE WITH THE DEPARTMENT AND THERE HAS BEEN NO CHANGE. CHECK OFF.							
SURETY BOND	COPY OF FIRM'S PF	EMIUM FINANCE AGRE	EMENT				
LICENSE FEE	COPY OF FIRM'S DE		CANCELLATION NOTICE,				

required to file a complying agreement with this office within thirty (30) days.

If not, you are

Does your agreement comply with these requirements?

RATE CHART ____